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CONFIRMATION NO. 5544

<b>SERIAL NUMBER</b> 10/726,832	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> US020586
<b>APPLICANTS</b> Jonathan Mark Ziel, North Andover, MA; Kart Thiele, Andover, MA;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/437,512 12/31/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/03/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 32
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 24737				
<b>TITLE</b> System and method for improved multiple-dimension image displays				
<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	